

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		(1)				
6						
7		1				
8		1				
9	1					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	6	↔	↔	↔	↔	↔
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████

1	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.			↔			
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████